



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
MO HEALTHNET DIVISION

RETURN TO:  
PHARMACY AND CLINICAL SERVICES  
BY FAX ONLY: 573-659-0209

## MISSOURI MO HEALTHNET EMERGENCY OVERRIDE AUTHORIZATION FORM

PLEASE PRINT OR TYPE  
ALL REQUIRED INFORMATION MUST BE SUPPLIED OR THE REQUEST CANNOT BE PROCESSED

**PLEASE CHECK ALL THAT APPLY:**

- ☐ I HAVE PERFORMED AN E1 TRANSACTION
- ☐ I HAVE SUBMITTED THE CLAIM USING THE WELLPOINT OF SALE FACILITATED ENROLLMENT PROCESS
- ☐ I HAVE CALLED 1-800-MEDICARE AND RECEIVED NO ASSISTANCE
- ☐ I HAVE CALLED 1-866-835-7595 AND RECEIVED NO ASSISTANCE
- ☐ I HAVE CALLED THE PRESCRIPTION DRUG PLAN (PDP) AND RECEIVED NO ASSISTANCE

PARTICIPANT NAME	DATE OF BIRTH	MO HEALTHNET NUMBER
PARTICIPANT ADDRESS	PARTICIPANT PHONE NUMBER (INCLUDING AREA CODE)	
PART D PDP NAME	PDP ID NUMBER/HIC NUMBER	

IS THE PATIENT TOTALLY WITHOUT PRESCRIPTION COVERAGE AND/OR IN NEED OF SPECIFIC MEDICATION(S)?  
☐ YES ☐ NO

IF THE PATIENT IS IN NEED OF SPECIFIC MEDICATION(S) **ONLY** PLEASE LIST DRUG NAME, STRENGTH AND FREQUENCY:

NAME OF PHARMACY AND CONTACT PERSON		MO HEALTHNET PROVIDER (OR DEA) NUMBER
PHARMACY ADDRESS	PHARMACY TELEPHONE NUMBER	PHARMACY FAX NUMBER
NAME OF PHYSICIAN OR PERSON FILLING OUT FORM		MO HEALTHNET PROVIDER (OR DEA) NUMBER
PHYSICIAN ADDRESS	PHYSICIAN TELEPHONE NUMBER	PHYSICIAN FAX NUMBER